

# WASHINGTON SPECIAL FUEL EXPORTER TAX RETURN

SE

Fuel Tax Section PO Box 9048 Olympia WA 98507-9048 (360) 664-1852

| A.   | REPORTING PERIOD Year: Month:   | FOR VALIDATION ONLY     | Y 108-030-116-0001 |  |  |  |  |  |
|------|---|-------------------------|--------------------|--|--|--|--|--|
| В.   | No Operations this period   |                         |                    |  |  |  |  |  |
| C.   |   | VALIDATED POSTMARK DATE |                    |  |  |  |  |  |
|      |   | D. Can                  | cel license        |  |  |  |  |  |
| l    |   | Effective Date _        |                    |  |  |  |  |  |
|      |   |                         |                    |  |  |  |  |  |
|      |   |                         |                    |  |  |  |  |  |
|      |   | Account #               |                    |  |  |  |  |  |
| 1    | Total gallons received (clear diesel) for export (total from Schedule A on reverse) | 1                       |                    |  |  |  |  |  |
| 2    | Tax exempt gallons (total from Schedule B on reverse)                               | 2                       |                    |  |  |  |  |  |
| 3    | Tax paid purchases (Schedule A, line A1)  | 3                       |                    |  |  |  |  |  |
| 4    | Net taxable or credit gallons (line 1 - line 2 - line 3)                            | 4                       |                    |  |  |  |  |  |
| 5    | Special fuel tax (line 4 x tax rate) 5  |                         |                    |  |  |  |  |  |
| 6    | Penalty after 25th of month (line 5 x 10%)  |                         |                    |  |  |  |  |  |
| 7    | Sum of line 5 + line 6 7  |                         |                    |  |  |  |  |  |
| 8    | Interest (line 7 x 1%)  |                         |                    |  |  |  |  |  |
| 9    | Total fuel tax liability (line 7 + line 8)  | 9                       |                    |  |  |  |  |  |
| 10   | Previous payments (Amended returns only)  | 10                      |                    |  |  |  |  |  |
| 11   | If total of lines 9 - 10 is greater than zero, amount owed                          | 11                      |                    |  |  |  |  |  |
| 12   | If total of lines 9 - 10 is less than zero, net refund amount                       | 12                      | ( )                |  |  |  |  |  |
|      |   | EFT payment             |                    |  |  |  |  |  |
|      |   |                         |                    |  |  |  |  |  |
|      |   |                         |                    |  |  |  |  |  |
|      |   |                         |                    |  |  |  |  |  |
| 010  | PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS                            |                         |                    |  |  |  |  |  |
| ISIG | SIGNATURE REQUIRED  |                         |                    |  |  |  |  |  |

I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.

Print Name \_\_\_\_\_ Date \_\_\_\_ Phone |

Title

Phone (

Contact Name \_\_\_\_\_

Signature

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# **SCHEDULE A - FUEL RECEIVED**

| A1 Exported gallons received tax paid (clear diesel)*                              | A1 |  |
|--|----|--|
| A2 Non-taxed gallons from Washington licensed Suppliers for export (clear diesel)* | A2 |  |
| A3 Other ** (explain)  | A3 |  |
| Total fuel received (sum of lines A1 through A3)                                   |    |  |

#### **SCHEDULE B-TAX EXEMPT GALLONS**

| B1  | Own export sales * | B1 |  |
|---|--------------------|----|--|
| B2  | Other ** (explain) | B2 |  |
| Total Exempt gallons (sum of lines B1 through B2) |                    |    |  |

## **SCHEDULE C - DYED DIESEL SALES**

| Dved Diesel sales in Washington only |     |
|--------------------------------------|-----|
| -,                                   | 4 1 |

<sup>\*</sup> Support schedule required

<sup>\*\*</sup> One support schedule for each category required